PTC/SB/06 (08-03)
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PATENT APPLICATION FEE DETERMINATION RECORD  Application of Information unless it displays a valid OMB control number.  Application of Decket Number.											
L	PA		Subst	ON RECO	RD		Application of Doctors Number				
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SA	SMALL ENTITY			OTHER THAN SMALL ENTITY	
L.	FOR	NUM	NUMBER FILED		NUMBER EXTRA		TE.	FEE	]	RATE	FEE
(37	SIC FEE CFR 1.16(a))		_					s	OR		s
(37 CFR 1.18(c))		_   19	// minus 20 =			x s_	_=		OR	x s =	
INDEPENDENT CLAIMS (37 CFR 1.18(b))		Ms 2	minus	3 = •		x s			OR	xs =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))									OR	+5 =	<del> </del> -
" if the difference in column 1 is less than zero, enter "0" in column 2.							AL		OR	TOTAL	
CLAIMS AS AMENDED - PART II										IOIAL	
9. 7. 1. 6.1											
Δ	ON IX	(Column 1)		(Column 2	(Column 3)	SM	ALL	ENTITY	OR •		ENTITY
NT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL PAID FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
AMENDMENT	Total (37 CFR 1.16(c))	17	Minus	20	· —	x s C	<b>}</b> _	725	OR	1.18.	FEE
Ē	Independent (37 CFR 1.1868)	· 22	Minus	7.3	· -	x self	3=		OR	x : 86=	
₹	FIRST PRESENT	TATION OF MULTIPL	E DEPEND	ENT CLAIM (37	CFR 1.15(d))	+5/4/	5		OR	+290	
A 11 /						TOTAL				TOTAL	
لہ	16.69	)		•		ADD'L F	EE		OR	ADD'L FEE	
_		(Column 1) CLAIMS		(Column 2 HIGHEST	) (Column 3)				1		
NT B		REMAINING AFTER		NUMBER PREVIOUSL'	PRESENT EXTRA	RATI		ADD1- TIONAL		RATE	ADDI- TIONAL
ME	Total (37 CFR 1.18(e))	AMENDMENT	Minus	PAID FOR	- 1	a	$\dashv$	FEE			FEE
2	Independent (37 CFR 1.16(b))	• • •	Minus	- 2	<del>                                     </del>	X 8 - 1	-		OR	$\times s / \delta = $	
<b>AMENDMENT</b>					1	× 8_/_	=		OR	x <u>s /0 = </u>	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))						+sry.	2=		OR	+ s HO_	
						ADD'LF	EE		OR	ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)						
NTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
뙭	Total (37 CFR 1.16(4))	•	Minus	**	-	x 5 9	_		OR	x s / X =	
<b>AMENDMENT</b>	Independent (37 CFR 1.16(b))	•	Minus	***	1-	x s/12	<u>,                                    </u>		OR	x s & P =	<u> </u>
₹	FIRST PRESENTA	ATION OF MULTIPLE	DEPENDE	NT CLAIM (37 (	CFR 1.16(d))	+. 14	5		OR	290	
_										TOTAL	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											
"" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 30, enter "20". "" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".											

The "Highest Number Previously Paid For" (N THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.